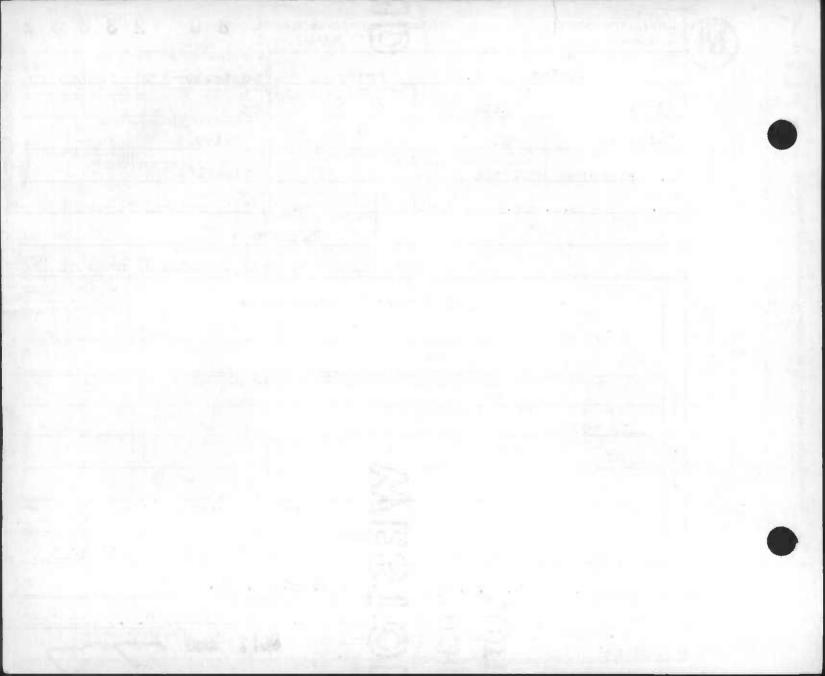
M	K	1 -	FOR STATE REGISTRAR				CERTIF	E OF MARYLA BEALTH AND M ICATE OF D	VENTAL HYG		REG. NO		2 '3	3 3	2
MUST	1		CEASED NAME FIR	51	,	MIDDLE		AST		2e DATE OF	DEATH	MONTH D	AY YEAR	2h HOUR	D
0.4	V		Th	elma	1	I.	E	rady		Sept	embe	r 30	1986	110.	TOM
	3	SEX		4.6	RACE		5 DATE C		YEAR	& AGE INYE		HDAY)	FUNDER I YEAR	IF UNDER 2	4 HRS
9		Fe	emale		Whit	te	MONT		1.4	66		YRS	ONTHS DAYS	MOURS	MIN
it once.	3	V S	RTHPLACE (STATE OR FOREIGN UNTRY) LTginia	N 7b	CITIZEN OF	WHAT COUNTR	MARRIE WIDOWI	D NEVER M	ARRIED	9 BALTIMOI	RECITYO	RCOUNTY	OF DEATH		MD.
notified	0 1		rederic	100	(IF NOT IN SUC	HOSPITAL, NUR H FACILITY, GIVE STR T HOUS	SING HOME (TUTION	12m USUAL C	CCUPATI FOR MOST O	ON FWORKING LIFE	126 KIND OI INDUSTRY	F BUSINES	
inner must be		MC	L RESIDENCE (IF NURSING H	COUNTY	CO .	GIVE RESIDENCE BET 13c. CITY OR TO Shadys	OWN	13d INSIDE CITYES TO MOTHER'S	MAIDEN NA/			wood	Stree		
ехоп	6					ıdson			Not K	nown					
medicol	2	éa W	VAS DECEASED EVER IN U ES, NO OR UNKNOWN) (IF Y	S ARMEI	D FORCES?	30-10-		Louis		rady,	Hus		Same	as	Abo
ony injury, or other froum		CERTIFICATION	cause 10), stating to underlying cause lo PART 2 OTHER SIGNIFIC	ANT CON	(c) NDITIONS <u>CC</u>	R AS A CONSEC ONTRIBUTING T	O DEATH BUT			INAL DISEASE		720b IF YES.	WERE FINDIN	GS USED	
18 shows	4	CERTIFIC	July 1975	MO []	21s. TIME O	F INJURY M. MONTH	DAY YEAR	21: HOW INJ	URY OCCURR	VES []	NO []	YES		NO [
orked or them		MEDICAL	PRINTER HOTEV MEDICAL EAR	LMINER)	21+ PLACE	M	19	TH LOCATIO	н		CITY ON TOW	794	COUNTY	STA	78
tept of Health			22s L ceptify that (It (this safe the deceased of above, (F (with (did))) 22s/SIGNATURE (7	hespital: ive on 9 did not! vi	offended the	e deceased from 19 ofter death.	80 .	nd that in (my) (19 <mark>80</mark> our) apinion s	to	3/30 s on the do	ite and hour			60549166
with the State Dept IMPORTANT: If them	1		George J.			- 6	6	22R ADDRESS	,	medical director [IAN 🗌	9/30)/80	
W. IAP		73a R	URIAL, CREMATION, REM		23b. DATE		NAME OF	EMETERY OR C		73d LOCA	TION				
		(5	Burial	b	10-3-8	30	Cedar	Hill (lem.	CITY OR	TOWN	d, P.	G., M	aryl	
AH-16 20M 15, 4) 7/7B	1	24 FL	NERAL DIRECTOR RO	bt E	Will Rd	nelmooressa., Sui	4308 S tland	uitlan Md.	d 250. DA				AR'S SIGNATU		



	1.	FOR STATE			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO	GIENE 8 0	2 3	3 3 3
M)		OR PRINTI	ust eorge		widote cal		AST Sr.	REG NO 120 DATE OF DEATH MONTH September		25 HOUR 2:05A
s after a	3 SE			RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MUNDER 1 YEAR	R IF UNDER 24 HRS
within 72 hours	_ C	RTHPLACE (STATE OR FORE OUNTRY) ash. D.C.	GN 7h	U.S	what country?	8 MARRIE WIDOWE	D NEVER MARRIED D	BALTIMORE CITY OR CO		MD
ed withir		nce Frederic			HOSPITAL, NURSIN H FACILITY, GNE STREET L Memorial		or other institution	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK RETITED U	INCLIFE) 126 KIND INDUSTRY	of Business or ernment
uld be fil	13a :	AL RESIDENCE (IF MURSING STATE 13 Md	HOME OR OT COUNTY	1	GNE RESIDENCE BEFORE LUS by	E ADMISSION) N	134 INSIDE CITY LIMITS? YES NO	207 ADDRESCat	alina Di	rive
edire exam	J	ohn Charle	_	allaha				Williams	L/	AST
t, the me				ED FORCES? AR OR DATES)	579-05		Ethel A.	Callahan s		#13
hen please remove car r to burial, cremation, ny injury, or other tra	NO		the last	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE AS CONSEQUE DISTRIBUTING TO F	NCE OF	NOT RELATED TO THE TERM	ainal disease or conditio	N GIVEN IN PART I	110
giene prio	CERTIFICATION	190 DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FIND CERTIFYING CAUSE YES [
r Item 1		218 ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH	HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITE	ÉM 18, PART 1 OR PART 2)	
marked	MEDICAL	WHILE NOT WHILE AT WORK		21e PLACE (AT HOME, STE	OF INJURY ISEET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
em 21 is		220.2 certify that (1) (the sow the deceased abave, (1) (we) (did				2		death occurred on the date on		, that (1) (we) last se causes stated
NT: If It		MAL)	od	_				MEDICAL STAFF MEDICAL STAFF DIRECTOR PHYSICIAN (7/80
IMPORTA		Mahin Yazda					Prince Fred	lerick, Marylan	nd 20678	
3 =	Bu	SURIAL, CREMATION, RES SPECIFY) TIAL		9/10	/80 C1	nrist	Episcopal	Ch. Clinton	P.G. Me	d. STATE
-16 25M 5, 4) 1 6 96 3	24 F	old Alexa	e Funder	neral Ferr	Home. In	Lint	on Md.	SED I Jedde hr s	EGISTRAR'S SIGNA	Ka Cready

September 0, 1980 2 050	in an, cr.	150 5000 53	200	
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W.Sopt. 7 Specific	NE 25 30			
		oper, a .one.		
9/7/80				
STATE OF THE STATE	W			
erict, Mar lond 20078	be 1 corigi	.G.M.	Kehin Temdani	
L. Climton I On Bit.	Appropriate team	19 18/95/5	153700	
1436 L L 1436	Section 17	I ben't Inverse	09.	-

· Juntinu Control of the first of the second of the se . Carrylandon benefit sales to the 1000 489 1

BP.

DHMH-17

(VR A15 ME (5)) 15M 7/76

FOR 1 - STATE REGISTRAR (TYPE OR PRINT)

Male

130 STATE

D. C.

Yes

CERTIFICATION

MEDICAL

WHILE

ACTUAL

SIGNATURE

EXAMINER'S NAME (TYPE OR PRINT)

Burial

To BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Fred

(YES, NO. OR UNKNOWN)

66. WAS DECEASED EVER IN U.S. ARMED

18. CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY

> Canditions, if any, which gave rise to immediate couse (a) stating the underlying cause last.

PART 2 DINER SIGNIFICANT CONDITIONS CONT

WHILE AT WORK AT WORK

230. BURIAL, CREMATION, REMOVAL 236. DATE

death resulted from: Natural causes

19a DATE OF OPERATION

Wash, D.C. Prince Frederick SUAL RESIDENCE HE IN NURSING HOME OR OTH

	D	STA EPARTMENT OF		ARYLAN		YGIEN	IP)	25	-	101		-	,	-
		ICAL EXAMIN			CATEO	F DEA	ATH	REC	2 3 NO.	3	3	0	,	2
		WIDDLE		LAST				TE KNOW	NX	MONTH	DAY	YEAR	16	HOU
			Ha	rris,	Jr.			F ESTI-		9	12	19 8	0	M
I A	TE OF BIRTH	YEAR 6. AGE 5'5		DER 1 YR.	IF UNDER	24 HRS.	PRONC	ATE	Ä	HTMON	DAY	YEA	1	1:35
	oril 1		rs.					EAD	TV 00	9		19 8	0	
CII	TIZEN OF WHA	AT COUNTRY?	8 MARRI	IED NE	VER MARRI	IED 🔲	9 BAL	TIMORE CI	_			EATH		
	U.S.	Α.	WIDOW	/ED 🖹	DIVORCE	ED 🔲		Calve	ert	Cour	nty,			MD
		ITAL, NURSING HOM		ER INSTITUT	TION			CUPATION		WORK		ND OF E		ESS
[IF	Calve:	rt Memoria	1 Hos	pital	(DOA)	ASS	ist	working life tant	Coc	ok ;				vice
ER		RESIDENCE BEFORE ADMISS	SION)	113d. INSIDE CI		Ise STR					11			
		Washingt		YESXX	6,,,,,,	90		19th	Str	cee	t,	N.E		
-				15. MOTHE	ER'S MAIDE	-								
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9	46	579-20-2	2039	Bern	ice D	Mart	cin	808	Mac	dis	on	St.	N	W
e c	ause per line f	for (a), (b), and (c).)										PROXIMA VEEN ON		
		ertensive.			ero ti	c Ca	rdio	ovasci	ılar					
		XXXXXXXXX	XX Di	sease										
	(b)	AS A CONSEQUENCE	05				-				+			
	DUE TO, OK A	S A CONSEQUENCE	Or											
	(c)										1			
181	ITING TO DEATH BU	UT NOT RELATED TO THE TERM	MINAL DISEASE	E DR CONDITIO	N GIVEN IN PAI	RT 1 (G).								
		THE LIE												
	196. CONDITI	ON FOR WHICH OPE	RATION W	AS PERFOR	MED?						20 4	UTOPS	Y?	
										114		YES 🛣	N	10 🗆
		MONTH DAY YEA		OW INJURY	OCCURRE	D (ENTER	NATURE C	TI MI YRULMI PC	EM 18 PAR	IT I OR PA	RT 2)			
H	P.M.	19	1215 10	CATION										
		PERSURY (AT HOME, DRY, FARM, ETC.)		STREET			CITY O	RTOWN		co	UNTY			STATE
	A													

210 EXTERNAL CAUSE WAS UNDERLYING CONTRIBUTING CAUSE OF DEA 21d INJURY OCCURRED

22a. I certify that I took charge of the remains described above, held on

Accident

Edward

I (IF YES, GIVE WAR 1943-1

IMMEDIATE C

4. RACE

Black.

Inquiry and in my opinion

DATE SIGNED.

Autopsy X Inspection L Homicide Undetermined manner TITLE (SPECIFY)

Assistant

Virginia L. Dolan, M.D.

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS.

MEDICAL EXAMINER

111 Penn Street

Arlington, Virginia

24. FUNERAL DIRECTORT, ATNEY'S Funeral Home 3831 Ga. Ave. NW; Wash. D.C.

9/19/80

Arlington National 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

9/14/80

npfetely filled in by nd 2 should be filed

1-	FOR STATE REGISTRAR	DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	2	3	3 6
	CEASED NAME FIRST OR PRINT) AM Y CO	Alice	HI	AST PT	September		YEAR	26 HOUR 11:03A
3 SE	emale	Cau.	DEC	DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY)	FUNDER I YEAR	IF UNDER 24 HR5 HOURS MIN
	RTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED	BALTIMORE CITY O	R COUNTY O	OF DEATH	MD.
	nce Frederick	11. NAME OF HOSPITAL, NURSIN TENOT IN SUCH FACILITY, GIVE STREET Calvert Memo	ADDRESS)		120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOSE OF THE PROPERTY OF THE P			GOV t.
13a S	AL RESIDENCE IN NURSING HOME ON STATE 138 COUNTY P.	other institution, give residence before TY 130 CITY OR TOW Brandy	wine	134 INSIDE CITY LIMITS? YES NO	134 STREET ADDRESS 13909 So	uth S	oring	field Rd
14 FA		Faddis		15 MOTHER'S MAIDEN NA	me unaviable		LA	51
	VAS DECEASED EVER IN U.S. ARA VES, NO OR UNKNOWN) IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 220-46		James H.	ADDRI Hitt same		3	
	PART I DEATH WAS CAUSED	y one couse per line for (a), (b), one by BY E CAUSE (a), M CAUSEOUE DUE TO, OR AS A CONSEQUE (b), DUE TO, OR AS A CONSEQUE	NCE OF	heart all	ach		APPROX MIWEEN	mate interval Onset and Death
NO	underlying couse last	ONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO			NGS USED OF DEATH?
_	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA!	P.M.	YEAR	21¢ HOW INJURY OCCUR	RED JENTER NATURE OF INJU	RY IN ITEM 10, PAI	RT OR PART 2)	
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE

NOT WHILE AT WORK 270 | certify that (I) (this hospital) attended the deceased from saw the deceased alive on_ and that in (my) (our) opinion death occurred an the date and haur and fram the causes stated obove, (1) (we) (did) (and nat) view the body after death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22R ADDRESS 224. PHYSICIAN'S NAME (TYPE OR PRINT)

231 NAME OF CEMETERY OR CREMATORY

Trinity Mem.

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has b should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene pri

MPORTANT: If Item 21

10-1-80 24 FUNERAL DIRECTOR Funeral Home Waldorf, Maryland

Damalouii

236 DATE

23d BURIAL, CREMATION, REMOVAL SPECIFY) Burial

Gardens Walderf, Charles, Mu. LY REGISTRAR 756 REGISTRAR'S SIGNATURE

Frederick, Maryland 20678

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	Dep. 18, 1892	. viet	
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ens Weldorf, Unerlan, NC.			

DHMH 17 (VR A15 ME (5)) 15M 7 76

1. #	-OR	G596 10/2	23/84 kam	STAT		ARYLAND	AL HYGIEN	NE O	2	oney	~ 3	- 5	>
	REGISTRAR		ME	DICAL EXAMIN	ER'S C	ERTIFICAT	E OF DE	ATH RE	G. NO	2	3	0	1
	EASED NAMI	E FIRST	10111111111	MIDDLE		LAST		20 DATE KNOW	M XNV	ONTH	DAY	YEAR	26 HOUR
{ I YPE	OR PRINT	A1110	Ellison	3		Jones		OF EST	D 🗌	9	73 19	80	N
3 SEX		4 RACE	5 DATE OF BIRTH	YEAR LAST BIRTHDA	ARS IF UN	IDER 1 YR. IF UN	NDER 24 HRS.	2c DATE	MC	HTMC	DAY	1	2d HOUR
Nale	2	Black	6 11	57 23 YR		HS DAYS HOU	RS MIN	PRONOUNCED DEAD		9	13 19	80	11:10
7a BIR	THPLACE IS	TATE OR	76 CITIZEN OF W		8 AAADDI	ED NEVER M	ADDIED DO	9 BALTIMORE	ITY OR C	OUNT	OF DEA	TH	1
5	REIGN COUNTRY)	Nd.	U.S.A		WIDOW		ORCED	Calvert	Cour	nt.v.			ME
10 CIT	YORTOWN	OF DEATH		SPITAL, NURSING HOME	, OR OTH	ER INSTITUTION	12a US	UAL OCCUPATIO	N (TYPE OF V		26 KIND	OF BUS	SINESS
Pri	nce Fr	ederick		t Memorial	Hospi	ital		MOST OF WORKING LIF	€)		OK IIN	DUSIK	
USUA	L RESIDENCE	(IF IN NURSING HOME C	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSIO	ON)								
13a ST	Md.	Cal	vert	Huntingt	own	YES NO	X Bex	230B,	Cox	Re	ad		
14 FA	THER'S NAME		MIDDLE	_ LAST		15 MOTHER'S N	AAIDEN NAMI	E MIDDLE			LAST		
	narles		anklin	Jones		Eva				Co	by		
	AS DECEASE	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY	Y NO.	17. INFORMANT			DRESS				
	no					Chaple	s Jone	es-Munt:	ingte	own	, Md.	. 20	639
	18 CAUSE O	F DEATH (Enter on	ly ane couse per line	far (a), (b), and (c).)						141	BETWEEN	XIMATE I	AND DEATH
	PARTIDE	IMMEDIA	TE CAUSE (0) MU	ltiple inju	ries								
2	014	/	DUE TO, OR	AS A CONSEQUENCE	OF						M. Y		
		ns, if any, which se to immediate	(b)										
	cause (a)	stating the under-	DUE TO, OR	AS A CONSEQUENCE	OF								
	7		(c)							-			
NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL OISEAS	E OR CONDITION GIVEN	IN PART 1 a						
IFECATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR WHICH OPER	ATION W	'AS PERFORMED?					20 AUT	OPSY?	. 11.3
IFF			K. Lie E								YES	Y	NO 🗆
CERT		AL CAUSE WAS	21b. TIME O		2Tc. HO	OW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN	TEM 18 PART	1 OR PART	[2]	-	
	UNDERLYING	S XXOR	DEATH 0:43.N	13 180		pedestri	an stru	ick by at	ito				
MEDICAL	21d INJURY C	OCCURRED	21e PLACE	OF INJURY (AT HOME.	2Tf LO	CATION							
5 8	WHILE AT WORK	NOT WHILE	V .	rory, EARM, ETC)	Rt	7 1 11 12 12 1	of Pond	dswood Ro	9. Hu	nvir	netow	m.C	a I ve
					-	F-		Inquiry 🗌					
7		10	ral cours	scribed abave, held an	-	Homicide (pection	termined manner		ту орн	nion		
	death result	ed from Jugui	OI COURT LEADING	Spident LAI. Su	icrole	TITLE (SPECIF		rermined manner					
	ACTUAL SIGNATURE	Ma	onos	1 Some	A	(-		DICAL EXAMINER		DATE	9/1	5/8	0
5	SECHAIUSE.	1		4	1	Detron	OIII CAPI	DICAL EXAMINER		SIGNEL		40	<u> </u>
	EXAMINER'S TYPE OR PRI		as D. Smi	th, M.D.		ADDRESS 111	Penn S	ST. Ba	lto.	, М),		
23a. BU	JRIAL, CREMA	TION, REMOVAL	235. DATE	23c. NAME OF CEA			23d L	OCATION -		EQ IN	14	TA	ŤE.
13.	PECIFYA												
	Buri		9/18/80	Aposto.	lic		Ow:	ings, C	alve	rt		Md	•
	400	TOR Tes	9/18/80	Aposto.	1.	25a. N	SEP 2	ings, Carly 80 R 256	alve		in Co	Md	•

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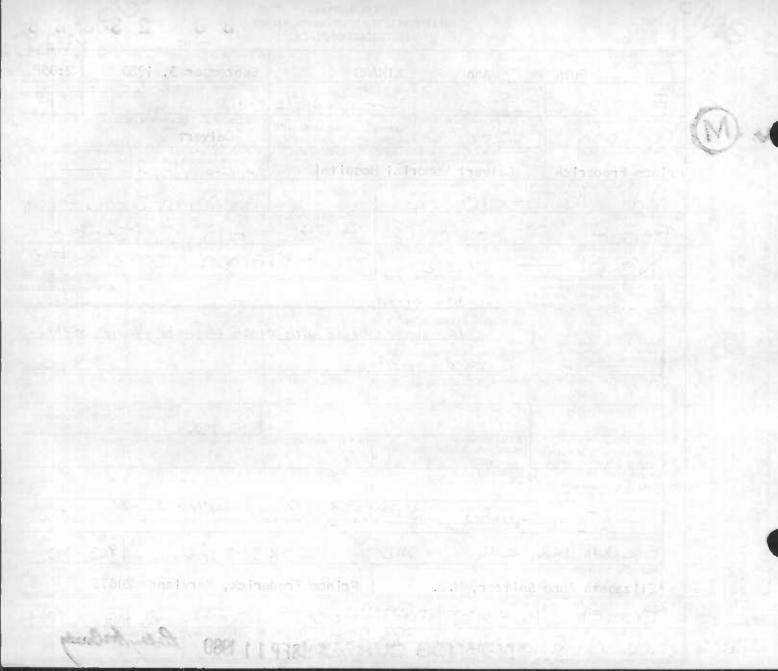
CE 100 . Bla, mrsgra Munis-speck as again.

PALE/82 CHARGE CHARGE GENERAL COLVERS COLVERS

executed

AL S. ATTENDING PHYSICIAN: the hospital or attending physician.

	1	FOR - STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 Ú	2 3 3 3 8
		PECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
ae 3	100	Ruth	Ann	KINARD	September 3	3, 1980 2:05P
or, par fter de	3 S	Female	4 RACE COUC	S DATE OF BIRTH MONTH DAY YEAR SROT 29 1962	6. AGE (IN YEARS LAST BIRTHDA	WONTHS DAYS HOURS AIM YRS.
M	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR C	COUNTY OF DEATH
of the	9	city or town of DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A CALVET MEMO)	ADDRESS]	128 USUAL OCCUPATION (179E OF WORK FOR MOST OF W	
y filled in tould be file	US 13a	UAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE RITY 131 CITY OR TOWN	A 134 INSIDE CITY LIMITS?	STREET ADDRESS	Ne Donald form
ompletel and 2 sh ideal ex	0 1	robet	MIDDLE KINOS	Paula Paula	Annibole	Stokes
Pages 1	160	WAS DECEASED EVER IN U.S. AR.	MED FORCES? IS SOCIAL SECUI	RITYNO PHOFORMANT PI	HONGON ADDRESS	some as#13
physicia papers. removal.			ly ane couse per line for (a), (b), and D BY. E CAUSE (a) Cardiac P	irvest		SETWEEN ONSET AND DEATH 20 hr 5
n signed by the attend nen please remove carl to burial, cremation, y injury, or other trau	N	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, ORAS A CONSEQUE	war collapse with i		3-4 yrs
te has been permit. The piene prior 3 shows and	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		106. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
s certifica al-transit ental Hyg		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR AM MONTH DA		RED (ENTER NATURE OF INJURY IF	NITEM 18, PART 1 OR PART 2)
After this the burnth and M	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
tained by the hospital or at the hospital or hospital		sow the deceosed alive an above. (1) (we) (did) (did no 276 SIGNATURE ELIZABETH AND 2724 PHYSICIAN'S NAME (TYPE OF	re Spitzer	DEGREE ATTENDING PHYSICIAN (220 ADDRESS)	to September death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIAL	ond hour and from the couses stated 22c DATE SIGNED 9-3-80
BP	230	BURIAL, CREMATION, REMOVAL	1	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN WE HEN	och PG Md
DHMH-16 25M (VRA 15, 4) 1/79	24_	FUNERAL DIRECTOR FU	neral Happress	BOX 45A 250 DATE	4000	GISTRAR'S SIGN TURE



2			FOR STATE REGISTRAR				PARTM	CERTIF	OF MARYLAND EALTH AND MEI ICATE OF DEA	NTAL HYG) G. NO.	2	3	3 ;	3 9
129	50		CEASED NAME ORPRINTI	FIRST		MIDDLE			ST			E OF DEA					OUR
E.				eres		lanra		MA?				teml		27,	1980		54 🖁
Ite in		3. SE	(4 RACE			5 DATE O	DAY	YEAR	6 AGE	IN YEARS LA	ST BIRTHDAY		ONTHS DAY		RS MIN
arect ars a			Female		White			June	1, 19	910		70		YRS			
in 72 hou	47	We	RTHPLACE (STATE OR FO DUNTRY) IShington,	D.C.	TE CITIZEN OF	.A.		WIDOWE	GLB .	RCED 🗌	Cal	ver	t _		OF DEATH		MD
st. be notif	59		ince Fred						ROTHER INSTITU L Hospi			work for w	OST OF WO		INDUSTR	2Y	ovit.
aminer my	35	Ma.	AL RESIDENCE (# NURS TATE ryland	136 COUN	ITY	13c. CITY O	OR TOWN			0 🗆	Box	123V					
fred exa)4ō	14 FA	(Unknown)		AIDOLE	Hanra	han		15 MOTHER'S M	nknown		MID	DLE		Benso	LAST On	
t, the media	1		VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. AR.	WAR OR DATES]	579-	30-7		17 INFORMANT Walter M		Son)	Same	DDRESS as	#13.			
blease remove carbon pap urial, cremation, or remo ury, or other traumatic e			Conditions, if ony, gave rise to imm couse (o), stotin underlying couse	which nediote g the lost	DUE TO, OI	R AS A CON	NSEQUEN	NCE OF	rato	ins	Iblat Off	5.455.00	CONDITI	ONLOWE	ize	9	NTERVAL AND DEATH
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lental Hygien or Item 18 sh		MEDICAL CERT	ALCOIDENT WAS UND	AUSE OF DEA	TH HOUR A.	M. MONI M.	TH- DAY	YEAR 19	21c HOW INJUI	RY OCCURR	YES [YES	IT I OR PART 2		
th and N		MED	214 INJURY OCCURE WHILE NOT WHAT WORK AT WO	THE [21e PLACE ((AT HOME, STR	OF INJURY	OFFICE, FAI	RM, ETC)	211 LOCATION STREET			CITY	OR TOWN	Lan	COUNTY	~	STATE
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Burial
24 FUNERAL DIRECTOR Riverdale, Maryland Chambers Funeral Home

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	to medical examiner; this certificate should be executed within 24 hours after death. If any delay is	execute the certificate, writing the word pending" in Pencil in Item 18. Give pages 1, 2, and 3.10 fire	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 RETAIN MAGE.	to funeral director: Page 3 should be used as a burial transit permit pages 1 and 2 should be the	AFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS TICL	
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Burial Sept 11 1980 Southern Mem Gardens Kunkirk, Calvert, Md. 16000 Annapolis Rd Beall Funeral Home - Bowie, Nd.

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STATE OF MARYLAND

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	1.	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL H	LACIENE 9	2 3 3 4 1
П		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONI	H DAY YEAR 26 HOUR
	(TYPE (ORPRINT! HENR	Y D	REED	9	8 80 6 9 4
	3 SEX		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN
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,		RTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUN	TRY? 8	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
3	-aller	CACOUCY COLOR VA	LISA	MARRIED NEVER MARRIED	Calvert	County MD.
		EDERICK SBULG Y F		JRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
8	Po.	Nee Frederick	NOT IN SUCH FACILITY, GIVE	ircials Center	PAINTER	INDUSTRY HANGER
	USUA		OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	1	111111111111111111111111111111111111111
5	13a S				? 13. STREET ADDRESS	lax 1511
-	IA EA	171) 37.	MARYS HUE	IS MOTHER'S MAIDEN		- DON 194
1	I4 FA		MIDDLE	FIRST	MIDDLE	Plast 011
0	6	Villiam	T. Ke	SECURITY NO. 17 INFORMANT	ADDRESS	1000611
1	16a W	VAS DECEASED EVER IN U.S. AR	WAR OR DATES)	100011	TANK ON	TOAL A PAIDE MIN
		NO	0/9	-01-1565 111HRY	JAING COLI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-1		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	D KY.		AT Lesson	1'
			TE CAUSE (O) CO COLO	inoma Mg	The court	6 menth
		1629	DUE TO, OR AS A CONS	SEQUENCE OF	0	
		Conditions, if any, which	(b)			
А		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF		STATE OF THE STATE
		underlying couse lost.	(c)			
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITIO	
	CERTIFICATION	Organic Bla	in Syndre		70	scare (2) cor Art Visu
1	CAT	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED		E IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
4	TIFIC				YES NOTEL	YES NO
0	GE	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		CURRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
7		OR CONTRIBUTING CAUSE OF DE		19		
	WEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	FFICE, FARM, ETC.)	CHIOKIOWA	31212
		220.1 certify that (I) (this hosp	trait attended the deceased t	rom 5/23 1 19/	9 10 9 8	
		saw the deceased alive or	918		nion death occurred on the date o	and hour and fram the causes stated
		27b SIGNATURE	ot) view the body after death	DEGREE		22c. DATE SIGNED
		ATMILL		M.) ATTENDIN PHYSICIA		7 18/80
1		77d PHYSICIAN'S NAME (TYPE O		22e. ADDRESS	- Comecion Li inisiente	
1			MUNSHI	PR. FRE	DERICK M	12 20678
4	0.2			23C, NAME OF CEMETERY OR CREMATO		
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	9/11/80	Glenwood Cemetery	Washingt	on. D.C. STATE
	04.5	UNERAL DIRECTOR JOSEP			0	Endow St. Breedy
	24 FU	TAME Wi sconein	My Machan	ston, D.C.20016 S	EP 15 1980 RAR	7
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BP. DHMH - 16 25M

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonappers. Pages 1 and 2 should be filled within 72 hours aftimely the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

medical examiner must be motified at once

O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page etained by the hospital or attending physician.

(VR A 15 (4)) 9/74

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should be detached for use as the burnol-transit permit. I with the State Dept. of Health and Mental Hygiene prior MPORTANT: If Hem 21 is morked or Hem 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN: The

ury, or oth.

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mpletely filled in by the funeral director, p and 2 should be filed within 72 hours ofter

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀

L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	DECEASED NAME FIRST (TYPE OR PRINT) GEORGI	a Weems Sans	bury	Sept 16, 1	980 YEAR 25 HOUR 5pm
3	Female	4 RACE White	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 81	IF UNDER : YEAR IF UNDER 24 HES MONTHS DAYS HOURS MIN
7	a BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY CALVERT	NTY OF DEATH MD
	CITY OR TOWN OF DEATH Dunkirk	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ADDRESS)	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSE WITE	G LIFE) 126 KIND OF BUSINESS OR INDUSTRY, OWN HOME
I.	130 STATE 1136_COU	rother institution, give residence before NTY 13 CITY OR TOW VORT DUNKIER		13e STREET ADDRESS Rural	
	Wilson T. Wee	MIDDLE LAST	Ida v. Hart		IAST
1	60 WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU 212 34 3		ott Dunkirk Ca	lvert Co Md.
	Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, ORAS A CONSEQUE (b) ORAS A CONSEQUE (c) EC ENT CONDITIONS CONTRIBUTING TO E	NCE OF Cardiove NCE OF with My ocard al In DEATH BUT NOT RELATED TO THE TERM STATES PERFORMED	Foretion/Arrhyd MINAL DISEASE OR CONDITION (100. AUTOPSY? YES NO X 100. NO X	GIVEN IN PART TION YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO
П	710. ACCIDENT WAS UNDERLYING	HOUR AM MONTH DA	TIC HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

P.M.

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

19

211 LOCATION STREET

CITY OR TOWN

COUNTY

STATE

and that in (my) (cor) opinion death occurred on the date and hour and from the causes stated 221 DATE SIGNED

226. SIGNATURE

236. DATE

22a I certify that (I) (the bocost I) attended the declared from

sow the deceosed alive on obove, (I) (see) (did) (did not) view the body ofter death

DEGREE

STAFF

FOR CTATE

Box 136 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

24 FUNERAL DIRECTOR

FUNERAL HOME Owings Ma

DHMH-16 60M 1 73 (VR A 15 (4))

TO FUNERAL DIRECTOR. A

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physician and completely filled in by the papers. Pages 1 and 2 should be filed with

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIEMS

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	O	U	60	0	U	and .	8
		REG. NO					
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FOR STATE REGISTRAR		DEPART		FICATE OF	DEATH	GIENE &	REG. NO	5	2 3	3	4	3
I DECEASED NAME FIRST		MIDDLE		LAST		20 DATE C		MONTH	DAY	YEAR	25 HOU	
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3 SEX	4 RACE		5 DATE C		YEAR	& AGE (IN	YEARS LAST BIRT	HDAY)	MONTHS	DAYS	HOURS	24 HIFS
Female	Cauc.		2	8	1907	73		YRS	MUNITS	DATS	HOURS	Mary
7R BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY	? 8	n NEVE	R MARRIED X	9 BALTIM	ORE CITY O	R COUN	TY OF DE	ATH		
Wash D.C.	USA		WIDOWE		DIVORCED [lalver	t				MD
Prince Frederick	(IF NOT IN SUC	HOSPITAL, NURSI	ET ADDRESS)		ISTITUTION	(TYPE OF WO	OCCUPATI ex FOR MOST O		LIFE) IND	USTRY	F BUSINE	ssor oters
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	TT Memor	RE ADMISSION			1 2000	-100		100	71101	COLL II	5001
Md. Calv	ert	North Be	WN.	YES X	NO [13n STREET	ADDRESS 7th	St.				
14 FATHER'S NAME FIRST Edward	MIDDLE	Swee	ney	15 MOTHE	R'S MAIDEN NA FIRST Mary	ME	Agnes			Bro		
I I WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	-	17 INFOR	MANT	9.50	ADDRE	SS				
(YES, NO OR UNKNOWN) (IF YES, GI	WE WAR OR DATES)	577-09-	2387	Edwin	Barnas	same a	as ite	m 13	1			
PART 1. DEATH WAS CAUS	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101											
190 DATE OF OPERATION 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 COND	INON FOR WHICH	H OPERATIO	N WAS PER	FORMED	20a AUT	OPSY?	IN CERT	ES, WERE			H ₂
OR CONTRIBUTING CAUSE OF D	R) P	M. MONTH [M.	DAY YEAR	-	Non	RED LENTERN	ATURE OF INJUI	RY IN ITEM 10), PART 1 OR	PART 2)		
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC	211 LOCA STRE	ET		CITY OF TOV	VN	cou	NTY	ST	ATE
220 1 certify that (this has saw the deceased alive a abave, (1) (we) (did) (did r	9-23	3 - 19_	90.0		, 19 <u>XC</u> 191 (aur) apinian	. 10	SAN ed an the do		_	am the		
274 PHIS STEEN'S NAME (1991	V ISE	hlogi	, ar	DEGREE 22e ADDR	ATTENDING PHYSICIAN	MEDICAL	STAI PHYSIC		22	9-2	SIGNED	2_
Robert J. Sch		.D.			ce Frede	rick,	Mary 1	and	20	678		
730 BURIAL, CREMATION, REMOVA (SPECEY) Burial	9/27/8				R CREMATORY emetery		ATION OR TOWN Shingt	on	COUNTY		D. C	

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18

DHMH-16 25M (VRA 15, 4) 1/79

74 FUNERAL DIRECTOR
NAME
G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

23. DATE REC'D, BY REGISTRAR 25% REGISTRAR'S SIGNATURE
SEP 29 1980

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ι.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO				*	
	PECEASED NAME FIRST		MIDDLE		AST CONT	20 DATE OF DEATH	HTMON	DAY YEAR	26 HOU		
	Ernes	t Edv	ward	THO	MPSON	September	. 10	,1900	2:5	DA M	
3 S	EX	4 RACE		5 DATE C		& AGE (IN YEARS LAST BIRTH	DAY)	MONTHS DAYS	HOURS	24 HRS	
	Male	Negr	0	June		70	YRS	MONTHS DAYS	HOURS	MARN	
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1	0 0	9 BALTIMORE CITY OF		Y OF DEATH			
	Marylan	USA		WIDOWE	D NEVER MARRIED DIONORCED	Calvert (מנוס	+37		MD	
10	CITY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N	126 KIND O	F BUSINE	-	
	rince Frederi	ck Ca		emori	al Hospital	ITYPE OF WORK FOR MOST OF	WORKING L	#E) INDUSTRY			
US 13e	UAL RESIDENCE (IF NURSING HOME CO	R OTHER INSTITUTION	136 CITY OR TOW		1134 INSIDE CITY LIMITS?	13. STREET ADDRESS					
1		vert	Lusby		YES NO T		ivet	Rd.			
14.	FATHER'S NAME		LAST		IS MOTHER'S MAIDEN NA			LAS	1		
1	Joseph	MIDDLE	Thompson		Elizabeth	WIDDLE		Dorse			
160	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS	DOLGE	y y		
	TO OR UNKNOWN] IF YES, GIV	/E WAR OR DATES)	217-05-3	8/10	Hanni atta The	omnoon Pour O	6 03	inal Da			
H	1		1		Henrietta The	DIIIDSON DOX Z	0 01	ivet Rd.	MATE INTE	VAL	
	PART I. DEATH WAS CAUS	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CORPORATE AND DEATH FOR A CLASSICAL TO STATE THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))									
	IMMEDIATE CAUSE 10) Coarce noma of the time few months										
	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if any, which (b)										
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
	underlying cause last	1000	AS A CONSLOOR	LIVEL OF							
	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GI	IVEN IN PART 10	,		
Z	(Cerepral	melas	l'ani(I)	(1)	CVA (3)	Cor. An	2 3	Disean	2		
1 \$	190 DATE OF OPERATION		1	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN			
CERTIFICATION						YES NO NO		IFYING CAUSES	OF DEAT		
ER -	21a ACCIDENT WAS UNDERLYING	7 216 TIME C	OF INJURY		1211 HOW INJURY OCCUR						
	OR CONTRACTOR CAUSE OF OF	ALL	M. MONTH D								
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		.M. OF INJURY	19	211 LOCATION						
ME	WHILE NOT WHILE IT		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOW	N	COUNTY	51	TATE	
	AT WORK			T11 T11	17 00	Cont	16	90			
	220.1 certify that (I) (this hasp	Sant	15 19 E	July		. 10	1.6		that (I) (
	saw the deceased alive at abave, (I) (we) (did) (did n	at) view the bady	alter death	. ar	nd that in (my) (aur) apinian	death occurred an the da	te and ha			oted	
	226 SIGNATURE				DEGREE			22c DATE	SIGNED		
	ATM	ind.		0	1. D. ATTENDING	MEDICAL STAF	AN	Sept	.16,	198	
1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	COLUMN TO SERVICE SERV		224 ADDRESS						
	Anwar Munsh	i, M.D			Prince Fre	ederick, Ma	aryl	and 2	0678	3	
230	BURIAL, CREMATION, REMOVA	L 236 DATE	23c t	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			STA	A 7 5	
	Burial Burial	Sept.	20-80 Ea	stern	Chapel Chr. (Lusby	Ca:	lvert	Md		

DHMH-16 25M (VRA 15, 4) 1/79

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR Spencer E. Sewell Box 31 Prince Frederick, Md

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	Ū	2	3	3	4	E. Z
	REG NO					

	REGISTRAR			CERTIF	ICATE OF DEATH	REG NO					
	DECEASED NAME FIRE	ST /	AIDDLE		AST		HTMON	DAY YEAR	7h HOUR		
1.	SAF	AH		WAT	TC	September	980	3:371) M		
3 :	SEX	4 RACE		5 DATE C	OF BIRTH	& AGE (IN YEARS LAST BIRTH	IF UNDER I YEAR	IF UNDER 2	HR5		
	Female		Negro Apri			74	YRS	MONTHS DAYS	HOURS	AA IN	
70	BIRTHPLACE (STATE OR FOREIGN	1 76 CITIZEN OF	WHAT COUNTRY?	1	- O VENER WARRED KO	1 BALTIMORE CITY OF	TY OF DEATH				
	Maryland	USA		WIDOWE	D NEVER MARRIED	Calve	art.			MD.	
10	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12e USUAL OCCUPATIO	N	126 KIND O	F BUSINES	_	
Pı	rince Frederic		ert Memor		Hospital	Domestic		THE STATE OF THE S			
13		ome or other institution. COUNTY Calvert	130 CITY OR TOWN		134 INSIDE CITY LIMITS?	136 STREET ADDRESS Box 31					
-	FATHER'S NAME				15 MOTHER'S MAIDEN NA						
	John	MIDDLE	Watts		Druscilla	MIDDLE		Hutel			
160	WAS DECEASED EVER IN U		166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE	SS		11d offittino		
Е	(YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)				s Box 31 I	us by	y, Md.			
	18 CAUSE OF DEATH (Er		ligator (a), (b), and	d ici i	1			MIWEEN	MATE INTERV	AL EATH	
	PART I. DEATH WAS C	AUSED BY EDIATE CAUSE (a)	(OP.	N19	1RY THR	UMBOSIS	2				
	410 - DUE TO, OR AS A CONSEQUENCE OF									SUDDEN	
	Conditions, if any, whi gave rise to immedia cause (a), stating to underlying cause la	he DUE TO, OI	R AS A CONSEQUE	NCF OF					7		
NO		PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV									
CERTIFICATION	190 DATE OF OPERATION	1% COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	IN CERT	TIFYING CAUSES YES		?	
	00.00	OF DEATH HOUR A	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED JENTER NATURE OF INJUR	Y IN ITEM IS	B PART (OR PART 2)	61		
MEDICAL	214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT W								SFAT	I E	
	22a certify that () (this hospital) attended the deceased from 19 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19										
	276 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR						F IAN []	224 DATE	SIGNED 29/	18	
	274 PHYSICIANS NAME	(TYPE OR PRINT)			22e ADDRESS			7			
	Roberto deV	illarreal,	M.D.		St. Leonard	Maryland	2068	5			
234	BURIAL CREMATION, REM	OVAL 236 DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Lusby	C	county	Md.		

BP DHMH-16 25M

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PHYSICIAN-ng physician.

TTENDING P

IMPORTANT: If Item 21 is marked or Item 18 shows

(VRA 15, 4) 1/79

24 FUNERAL DIRECTOR ADDRESS
Prince Frederick, Md Spencer E. Sewell Box 31

254. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

C	REG.	NO.	3	3	4	6
ATE	KNOWN		MON H	DAY	YEAH	I/h HC

	- 5	STATE		MED	MEDICAL EXAMINER'S CERTIFICATE OF DEATH							5 4	6
		EASED NAM	E FIRST		MIDDLE		LAST			(NOWN	MON H	DAY YEAR	26 HOUR
	(ITPE	OR PRINT)	Clifton	1	Owen	WHI'	TTING	TON		MATED		19	M
	3 SEX		4 RACE	5 DATE OF BIRTH				IF UNDER 24 HRS			MÖNTH	DAY YEAR	2d HOUR
	m		cave	98	10 7	O YRS	HS DAYS	HOURS MIN		Septem			17.39
£		THPLACE II	TATE OR	76 CITIZEN OF WH.	AT COUNTRY?	8 MARR	ED NEV	ER MARRIED	9 BALTIMO	ORE CITY OR	COUNTY	OF DEATH	7
5	ΠL	locul	and	USA			VED []	DIVORCED [ert Co			MD
9	10 CIT	YORTOWN	OF DEATH	11. NAME OF HOSP	ITAL, NURSING		IER INSTITUT		DR MOST OF WORK		DF WORK 121	OR INDUST	
1				k Calver	t Memo:	rial H	ospit		crme	_	-	Tobac	-0-
0	13a SI		13b COUNT	OTHER INSTITUTION GIVE	13c CITY OR TO		13d. INSIDE CIT	Y LIMITS? 13e.	TREET ADDRES	SS V II			. 4
2		nd	Cal	wert	Dunk	ck	YES 🗌	NON	30x 3	2/8/	owl	mkt	,d
	14 FA	THER'S NAMI		WIDDLE	LAST		15. MOTHER	R'S MAIDEN NA/	ME	DOLE	. \	LAST	
0	C	100-	ence.	E_ (W)	portio	too	hus	CL_	P	Ca	Her	too	
		AS DECEASE S. NO. OR UNKNO	DEVER IN U.S. ARM		16b. SOCIAL SE	CURITY NO.	17 INFORM	ANT		ADDRESS			11.
		NO			57815	8 6730	VICO	mount	WHITH	cator	30n	us a	413
			OF DEATH (Enter only	y one cause per line f	or (a), (b), and (c).)	1	110		. /		APPROXIMAT BETWEEN ONSE	
	1.7	11		E CAUSE (a)	ula	Cere	LOLLY	TIC	cual	ccens	2.		
Я		4.3	1-	DUE TO, OR	AS A CONSEQUE	ENÇE OF	1		1	V			
	- 1		ins, if any, which ise to immediate	(b).	Morn	c Ce	rike	moral	win	(V			
		cause (a lying car) stating the <u>under-</u> use last	DUE TO, OR	AS A CONSEQUE	NCE OF	^	1	-1	9			
		7		(c)	Cerro	CLON	Mel	ulm	(1)	Und	40		
	7	PART 2 OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH D	UT NOT RELATED TO T	HE TERMINAL DISEAS	E OR CONDITION	GIVEN IN PART 1 a					
	MEDICAL CERTIFICATION	10° DATE OF	OPERATION	Ties CONDITI	ON FOR WHICH	OPERATION	/AS DEDECIDA	AFD?		-		20 AUTOPSY	2
9	ICA	ING DATE OF	OFERATION	176. CONDIT	ON FOR WHICH	OPERATION	ASPERFORM	ALU:			COTE O		
L	RTIF	AL EVTERAL	AL CAUSE WAS	21b. TIME OF	IA LILIBY	Tat. 11	OW INTERPO	OCCUPATO OU		I By In 1974 18 Bal	07.1.00.04.00		NO 🗌
8	1 CE	UNDERLYING			MONTH DAY		OW INJURY	OCCURRED (ENT	ER NATURE OF INJ	DKT IN HEW 18 PA	RI I OR PARI 2	()	
-	ICA	CONTRIBUTI	ING CAUSE OF D			19	CATION						
	MED	21d. INJURY			FINJURY (AT HO DRY, FARM, ETC.)		CATION		CITY OR TOV	VN	COUNT	TY	STATE
		AT WORK	NOT WHILE C	·									
	- 1	22a I cert	ify that I taok charge	e of the remains desc	ribed abave, held	d an Autop	sy .	Inspection .	, Inquiry	and	in my apini	on	
		death result	ted from: Nature	al causes	Accident .	Suicide], Hamici	de . Una	determined ma	nner .			
			6711	10.4	1		TITLE (SP	PECIFY)					
		SIGNATURE	-Ma	18 71	MUS	~ (N	1.D.		EDICAL EXAM	INER	SIGNS	ept.17	,1980
		EY AMINED'S	NAME TITLE TO	10/00/	1	-			- 7			2005	10
				R. AI E	anna,			rince	Frede	rick,	Md.	2067	8
	23a.BL	JRIAL, CREMA	TION, REMOVAL 23	B DATE	- 1	OF CEMETERY C	R CREMATO	RY	TOCATION.		countr	-	table.
	24 5	DUC	al	1-70-80	Sch 11	huille	-	T C	rokes	1	O.J.	Theres	Id-
	24 5	NERAL DIRE	S'IN	eral-Har	ne oc	Zlown	21	SEP 24	1980	make	9770	Ustony	
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